



## Early Journal Content on JSTOR, Free to Anyone in the World

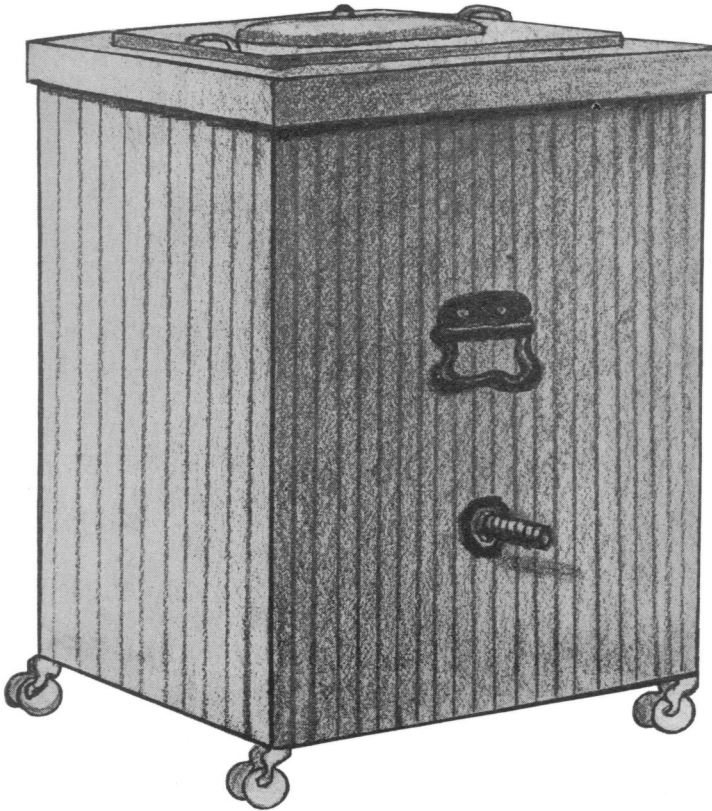
This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact [support@jstor.org](mailto:support@jstor.org).



SINGLE WOOD ZINC LINED CONTAINER

Size 21 x 21"—Height 26½"

(Drawing made by a Student, Christ Hospital, School for Nurses,  
Cincinnati, Ohio)

---

## OPPORTUNITY IN AFRICA

BY ALICE D. MUSSELMAN

*Freetown, Sierra Leone, West Africa*

SOMEONE, not long ago, said to me, "Once you acquire the taste for African pepper you will never be fully satisfied elsewhere. Though you go home on furlough, weary because of the many palavers and the inroads of the climate upon your health, yet, after a few months in America, you find yourself longing for the variety of experience, the charm of roughing life in everyday contact with this primitive people and the sweet consciousness that your life is counting for good." It is the "Lure of Africa."

Soon after completing my training in a Pennsylvania hospital, I came to this land and set to work almost immediately in our Mission Dispensary at Rotifunk, in Sierra Leone, West Africa. Our doctor left on furlough six weeks after my arrival and I was left with the whole countryside at my mercy—the only person for miles and miles around with any medical or nursing training.

True, there were plenty of native medicine men, or witch doctors, who were often called upon by the unfortunate sick. Their custom is to squat on the ground, cast a few shells before them and by the position of these shells wisely tell the prognosis of the disease. A goat horn filled with some fetish medicine (a wicked looking paste enriched, perhaps, by some portion of a human body, the victim of a secret cannibal society) is then tied around the patient's neck or wrist; the drum beaters and dancers next raise a hideous noise to drive away the evil spirit (every sickness or misfortune being ascribed to some evil spirit) and the patient, in many instances, is carried from house to house, or from village to village, trying in this way to evade the evil spirit.

If these measures do not avail, the Mohammedan medicine man is called in. He will sell the patient one or more charms, sometimes but a scrap of paper with bits of the Koran written on it. This is placed on the wall or over the doorway; or a more elaborate charm may be composed of a similar scrap of paper, together with bits of mica and sand, neatly enclosed in a leather case suspended from the neck on a leather rope. These charms are often very elaborate, consisting of many sections, often splendidly decorated. Sometimes they are suspended from the waist (always next to the body) or, in case of an affliction of an extremity, a charm is fastened around the ankle or below the knee to prevent the malady from extending to the upper part of the body. Babies are frequently protected against evil spirits by a labyrinth of ropes fastened around the neck and waist to which charms and shells of varied degrees of potency are fastened.

Poor little babes! It is indeed a "survival of the fittest" for the African child. Coming into the world with no preparation whatever made for it in the way of clothing, bed, or other necessary comforts, it starts life, sometimes with a thin handkerchief for a covering, more often with no covering at all. The mother is expected to get up and be about her work the same day the child is born. Even when they come to our Mission Dispensary for delivery, they walk home the same day, in spite of our protests. When complications follow, it is hard for them to believe that the fault is often their own. Their mothers and grandmothers did so; why not they! The colostrum is usually squeezed out by hand, as they say it is dirty and unfit for the

child. If any affection of the eyes develops, the juice of a hot red pepper is mercilessly squeezed into the child's eyes—or onion juice may be substituted. If there is any skin disease, certain leaves are gathered from the bush (jungle). These are boiled or beaten into a paste and mixed with water in a pan in which the child is then bathed and every now and again made to swallow a handful of the concoction.

Not that the mothers do not love their babies,—I have seen young mothers rush through the streets of our town, wildly tearing their hair and wailing in the deepest grief because the little babe had been taken from them to be buried in the dark, cruel earth, never more to be seen by her—dead and gone with no spiritual hope or comfort for the poor mother. Nor is it because these leaves, herbs and roots from the bush are without medicinal value. Many of them, indeed, are used in the very tinctures and tabloids familiar to us in America. But their dosage and use are not understood by the people here and therefore they are often of more harm than good.

It is no easy matter to instill new beliefs and habits into those whose minds are steeped in superstition and ignorance handed down from generation to generation for centuries past. Yet, slowly, changes are being brought about in those sections where foreign doctors and nurses come in direct contact with the people. Slowly the people are learning to take better care of themselves and of their babies. Now and again one hears of a family, or head of a family, who has entirely lost faith in charms and witch doctors,—one who is ready to deal sensibly with the dreaded disease it may be his lot to fight.

What we need is more doctors and nurses. Here is a chance for those of you who want to do real good in the world. Come to Africa and help us teach these people better ways of living and thinking. If the routine of your work seems dull after the months and years in France, come to Africa where real adventure awaits you and where opportunity for helping others, unlimited and unsurpassed, is languishing for want of notice on the part of those in whose power it is to help so much. Life here is real; the work is appealing; the people are needy; a welcome awaits you.

---

Forty-one states have now accepted the terms of the Maternity and Infancy Law, either by legislation or by proclamation of the Governor in the absence of a legislative session; \$490,000 was appropriated by Congress for the fiscal year ending June 30, 1922. For the year ending June, 1923, \$1,240,000 is available.